

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043296

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 172
FILED DEC 4 1962Primary Registration District No. 3034 Registrar's No. 97

STATE FILE NUMBER

VS 300
Rev. 4/591 05412 05413 24 05 0

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12 90-313 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u>		c. CITY OR TOWN <u>Higginsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>601 W. 26th St.</u>		d. STREET ADDRESS (If outside, give location) <u>601 W. 26th St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM VICTOR OLIVER</u>		4. DATE OF DEATH Month Day Year <u>Nov. 28 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/15/1903</u>
9. AGE (last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months Days Hours Min. <u>10 14</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardener</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Landscaping</u>	
13a. FATHER'S NAME <u>Harvey L. Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Hallie May Haggard</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>Obie L. Oliver Higginsville, Mo.</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Found dead in bed in his home</u> DUE TO (c) <u>No evidence of violence</u>		17. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>never</u> to <u>never</u> and last saw him alive on <u>never</u> Death occurred at <u>Found dead at 7A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Martin</u> (Degree or title)		22b. ADDRESS <u>Odessa, Mo.</u>	
22c. DATE SIGNED <u>11-28-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 30. 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Higginsville</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>G. Jackson Hader</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 30. 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Lutie Jordan</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed ~~Forest R. Hoefen~~ *Forest R. Hoefen*

Licensed Embalmer No. 4801

P. O. Address Higginsville, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.